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Conclusion. Early specific treatment of brain lymphomas increases the survival rate. Stereotactic biopsy is safe neurosurgical intervention (procedure) with acceptable rate of histological accuracy. Microsurgical resection predisposed to higher complication rates and even mortality but there was also longer PFS in Gr-B. Despite the results, the management of PCNSL management requires further studies.

25. Predictors of survival in patients with glioblastomas of the cerebral hemispheres

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Objective: to determine the main prognostic factors of the survival of patients with glioblastomas (GLB) of the cerebral hemispheres.

Materials and methods. A prospective study of treatment outcomes of patients with GLB examined and treated in Mechnikov Dnipropetrovsk Regional Clinical Hospital from 2009 to 2014 inclusive. Every patient was operated by authors. The studies were consecutively included 77 patients with GLB operated by the first treater. There were distinguished 4 types of neoplasm removal by the removed tumor volume: gross-total resection (GTR); near-total resection (NTR); sub-total resection (STR); partial resection (PR).

Results. There were 77 women and 56 men of the 133 patients with GLB aged from 19 to 74 years; average age was 50.9 ± 11.6 years. The cases were distributed by the tumor volume removed as follows: GTR – 39, NTR – 52, STR – 22, PR – 20 cases. Thus, advanced radical surgery (GTR + NTR) was performed in 91 (68.4%) cases.

Median survival in the total group of patients ($n = 133$) was 11.4 months. The best results were achieved mostly in the young patients. The median survival of patients with GLB aged 21-40 years was 21.1 months. The use of adjuvant therapy leads to significant increase in life expectancy of patients. The median survival rate for GLB removal followed by radiotherapy was 16.2 months, and for combined treatment — 18.3 months. When removing GLB, which does not spread to

functionally important and deep parts of the brain, one should try to perform GTR, which ensures long-term survival. The median survival of patients after GTR was 22.4 months.

Conclusions. The main statistically significant prognostic factors of survival in patients revealed were patients' age ($p = 0.004$), the tumor volume removed ($p = 0.00001$), the presence and character of adjuvant therapy ($p = 0.00002$).

Key words: glioblastoma; cerebral hemispheres; surgery; gross-total resection; adjuvant therapy; survival Kaplan-Meier.

26. Primary and Recurrent Glioblastomas: Progression-free and Survival Effect of First- and Second-line Treatment

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Objective. Surgical strategy for primary glioblastomas (PGBM) and recurrent glioblastomas (RGBM) are still debating. Feasibility of resection and its extension for providing of prolonged remission with satisfying patients QOL are the topics of this report.

Patients and Method. During 6 years (2009-2015) 83 patients in age 19-65 years old with PGBM were operated in our department. In 30 cases RGBM were diagnosed and second surgery treatment was performed in 15 cases.

Results. The mean and median progression-free survivals (PFS) were 14,9 and 12,0 months following the first lesionectomy, respectively. Importantly, there was a wide range of outcomes, with time to postoperative recurrence ranging from 3 to 57 months in this group. Overall survivals (OS) were 24,4 and 21,0 months, respectively. After second surgery PFS were 6,8 and 8 months.

Conclusion. According to literature data and our results, aggressive surgery of PGBM, RGBM and adjuvant treatment provides prolongation of remission (PFS and OS) with satisfactory patients QOL.